

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90188 050 ****61.25

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04292008 Chg-NP CR2E037 (12/06)

4. FEI Number
23-7526510

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHEPPARD, ROY CONNOR
220 OCEAN ST
JACKSONVILLE, FL 32202

7. Name and Address of New Registered Agent

Lynn, Richard Edward
220 Ocean Street
Jacksonville, Florida 32202

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am terminating and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/08

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
WMD
CLIFTON BELL, CHARLIE
1130 SELMA CHURCH RD
GRACEVILLE, FL 32440 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SWD
SKIPPER, RANDY L
P.O. BOX 220
NOMA, FL 324520074 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
JWD
HAYES, JAMES H
P.O. BOX 80
NOMA, FL 324520080 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
SKIPPER, GEORGE T
PO BOX 52
NOMA, FL 324520052 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
LAWSON SKIPPER, ROBERT
P.O. BOX 74
NOMA, FL 324520074 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/08